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## APPLICANTS

Kas Kasravi, W. Bloomfield, MI;  
Walter B. Novinger, Raleigh, NC;

\*\* CONTINUING DATA \*\*\*\*\* *No LS* \*\*\*\*\*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *No LS* \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 32	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Kasravi Sant-yr LS</i> Examiner's Signature Initials				

## ADDRESS

35744

## TITLE

System and method for comparative analysis of textual documents

<b>FILING FEE RECEIVED</b> 1374	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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